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AKERMANN SENTERFITT
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Sarah E. Smith

(Depositor's Name)

S/24/06

(Signature)

(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/689,139	10/20/2003	Uwe Winkler	304-815	2784

TITLE OF INVENTION: SENSOR ELEMENT DEVICE FOR A CAPACITIVE CONTACT SWITCH WITH AN ELECTRICALLY CONDUCTIVE BODY AND METHOD FOR THE MANUFACTURE OF SUCH A BODY

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700.00 DA	07/13/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NOORI, MAX H	2855	073-862626			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 Akerman Senterfitt

2

3

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed to recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

E.G.O. Elektro-Geraetebau GmbH

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent)

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- ☐ a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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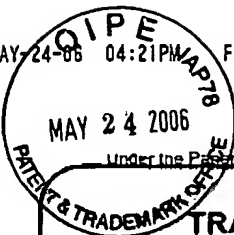
Sarah E. Smith

Registration No.

50,488

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/689,139
		Filing Date	10/20/2003
		First Named Inventor	WINKLER
		Art Unit	2855
		Examiner Name	NOORI, MAX H.
Total Number of Pages in This Submission	2	Attorney Docket Number	304-815

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). PTOL-85B
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Sarah E. Smith, Registration No. 50,488 Akerman Senterfitt
Signature	<i>[Signature]</i>
Date	5/24/06

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Sarah E. Smith
Signature	<i>[Signature]</i>
Date	5/24/06

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